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BIBDATASHEET

CONFIRMATION NO. 3840

Bib Data Sheet

SERIAL NUMBER 10/045,340	FILING DATE 10/25/2001 RULE	CLASS 439	GROUP ART UNIT 2833	ATTORNEY DOCKET NO. P-10076
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** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/20/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials	MN	16	39	5

ADDRESS

27581
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TITLE

Lead frame and strip molding for contact connectors in implantable medical devices

FILING FEE RECEIVED 1398	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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